

## LAPSW Supervision Log

Subject of Supervision Sessions: Policy (Use of / Writing) /Administrative skills / Organization skills /Appropriate referral making /Insight into client's systems / Team building / team leading / Confidentiality / Ethics / Boundaries

\_\_\_\_ Individual Supervision \_\_\_\_ Group Supervision Date from: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date to: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time In: \_\_\_\_ Time Out: \_\_\_\_ Total Supervision hours this session: \_\_\_\_

Week of: \_\_\_\_

Content: \_\_\_\_\_

	Ind. hour	Group hour	Non Clinical hour
_____			
_____			
_____			

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_____			
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Content: \_\_\_\_\_

	Ind. hour	Group hour	Non Clinical hour
_____			
_____			
_____			

Total this page

Cumulative total


\_\_\_\_\_  
(Supervisor Signature)

\_\_\_\_\_  
(Date) (Print Name)

\_\_\_\_\_  
(LCSW/or LAPSW#)

\_\_\_\_\_  
(Supervisee Signature)

\_\_\_\_\_  
(Date) (Print Name)

\_\_\_\_\_  
(LMSW#)

**This form may be duplicated**